

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26628**  
Registrar's No. **6420**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **SEP 17 1941**

- (a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Hosp. #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day** (Specify whether  
In this community **0** years, months or days)

3. (a) PRINT FULL NAME **Clemens Kierath**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Catherine Kierath** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **Nov. 27, 1873**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **4** Days **7** If less than one day  
hr. min.

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Interior Decorator**

11. Industry or business **Retired 18 yrs**

12. Name **Carl Kierath**  
13. Birthplace **Germany** (City, town, or county) (State or foreign country)  
14. Maiden name **Christine Ulrich** (City, town, or county) (State or foreign country)  
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Kierath**

(b) Address **3412 Montana**

17. (a) **Burial** (b) Date thereof **8-7-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **AUG - 6 1941** (b) **J. Fredrick**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **3412 Montana** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **4**  
year **1941** hour **9** minute **25 A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia;**  
**fracture of left femur; suffered**  
**when he slipped and fell down the**  
**terrace while mowing the lawn at his**  
**home on Aug. 1st, 1941, about 2.30 PM**

Due to **ACCIDENT**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **8/1/1941**  
(c) Where did injury occur? **St. Louis, Mo.** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **home**

While at work? (Specify type of place) (e) Means of injury

23. Signature **Alfred Perry** (M. D. or other)  
Address **St. Louis, Mo.** Date signed **8/6/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**